TRAVEL EXPENSE CLAIM

ARB/ASD 262A (REV. 7/2008)

CLAIMAN	T'S NAME		SSN OR EMPLOYEE NUMBER DEPARTMENT													
Cindy Tuck						On file Cal/EPA										
POSITION CB/ID NUMBER							N OR BUR				INDEX NUMBER					
Undersecretary RESIDENCE ADDRESS							the Secre				TELEPHONE NUMBER					
KESIDEN	LE ADDRES		HEADQUARTERS ADDRESS 1001 I Street, P.O. Box 2815							TELEPHON	ONE NUMBER					
CITY				CITY STATE							ZIP CODE					
CITY STATE ZIP CODE						Sacramento CA						95814				
(1) MONTH/YEAR (3) (4)					MEALS		(6) (7)				ORTATION	(8)		(9)		
Jai	Jan-10 LOCATION					O.T,L/T,		(A)	(B)	(C)		(D)		•		
2)		WHERE EXPENSES	LODGING				INCIDEN-			CARFARE,		VATE	BUSINESS	TOTAL		
		WERE INCURRED		BREAK-		OR	TALS	COST OF	TYPE	TOLLS,		R USE	EXPENSE	EXPENSES		
DATE	TIME		1	FAST	LUNCH	DINNER		TRANS.	USED	PARKING	MILES	AMT		FOR DAY		
1/13	800	Sacramento - Los Angeles	227.05			18.00		58.00	Т		16.0	8.00		311.05		
1/14	0	Los Angeles - Sacramento		6.00			6.00	43.00	Т	11.00	16.0	8.00		74.00		
												0.00		0.00		
												0.00		0.00		
												0.00		0.00		
												0.00		0.00		
												0.00		0.00		
												0.00		0.00		
												0.00		0.00		
(10) SUBTOTALS 227.05					0.00	18.00	6.00	101.00	0.00	11.00	32.0	16.00		385.05		
CLAIM TOTAL												\$		385.05		
,		TRIP, REMARKS AND DETAILS (S Energy Dialogue regarding climate chan														
	AL WORK HO			AGENCY ACCOUNTING OFFICE USE ONLY												
13) PRIVATE VEHICLE LICENSE NO.																
\$ 0.500																
J 0.200	AGE	ENCY ACCOUNTING														
OFFICE USE ONLY																
		LVING FUND CHECK NUMBER														
15)	and if mileage SAM Sections	ERTIFY That the above is a true statement of a rates exceed the minimum rate. I certify the softon, 0751, 0752, 0753 and 0754 pertaining the control of the	vehicle was													
CLAIMANT'S SIGNATURE						(16) SIGNA	TURE OF O	FFICER APPRO	OVING TRAV	EL AND PAY	MENT		DATE			
17) SPECIA	AL EXPENSE	AUTHORIZATION - SIGNATURE and TI	TLE (See Item	e Item 17 on reverse) DATE												
\Rightarrow																

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		LEXPENSE CLAIM 06/93) (CIWMB AUTOMATED 08/93)				tement on	ns and *Pi Reverse i	Side			Page	1	of 1	Pages	
CLAIMANT'S NAME Cynthia Tuck								NUMBER	DEPARTMENT						
Cynthia Tuck CB/ID NUMBER							On File			Cal/EPA INDEX NUMBER			ER		
Unde	ersec	retary				Office	of the	Secreta							
1001	I Str	eet	1001 I	Street		TELEPHONE NUMBER 916.324.3708									
Sacr	amer	nto	CITY Sacra	mento					STATE CA		ZIP CODE 95814				
(1) MON	TH/YR	(3)	(4)		(5) MEALS	Sacia	(6)			TRANSPORTATI	ION		(8)	(9)	
Jan-10						N/C,		(A)	(B)	3) (C)	(D)				
(2) DATE	TIME	LOCATION WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	RELO OR DINNER	INCIDEN- TALS	COST OF TRANS	TYPE USED	CARFARE TOLLS, PARKING	PRIVAT MILES	E CAR USE	BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
1/17	4:30	Sacramento - Washington D.C.		\$6.00	\$10.00	\$18.00					16	\$8.00	\$20.00	\$62.00	
1/19			\$237.02					\$5.00	В					\$242.02	
1/19			\$237.02	\$6.00	\$10.00	\$18.00	\$6.00	\$12.00	Т					\$289.02	
1/19								\$8.50	Т					\$8.50	
1/20	13:00	Washington D.C Sacramento		\$6.00			\$6.00	\$14.00		\$52.00	11	\$5.50	\$20.00	\$103.50	
		AIRFARE (Not included in subt	otals or cl	laim tota	n										
		·			•										
(10)	SUBT	CAR RENTAL (Not included in s FOTALS		or in clai 18.00	<u>m total)</u> 20.00	1 36.00	12.00	39.50		52.00		13.50	40.00	705.04	
		JMN CODE (ACCTG USE ONLY)													
	CLAIN	M TOTAL												705.04	
(11)		SE OF TRIP, REMARKS AND DETAILS (Attach red ded ECOS & US EPA meeting, and			-	neeting to	Berlin m	neeting ar	nd rece	eption	(12) NORMAL WORK HOURS 8:00-5:00				
		d by the German Embassy. Used t le to exit airport quickly upon return			t at the air	port due	to early a	am travel	and ne	eeded to	(13) PRIVATE VEHICLE LICENSE NUMBER				
											(14) M	ILEAGE RA	RATE CLAIMED		
(15)										0.50 -ыгу ді	cents				
\ =/	State of vehicle	California. If a privately owned vehicle was u was equal to or greater than the rate claimed, ad 0754 pertaining to vehicle safety and seat h	sed, and if mil and that I hav	leage rates	exceed the m	inimum rate	, I certify that	at the cost o	f operatii	ng the					
CLAIMA		nd 0754 perfaming to vehicle safety and seat h GNATURE	ei usade	DATE		(16.) SIGN	NATURE OF	OFFICER	APPROV	/ING TRAVEL AN	D PAYI	MENT	DATE		
\triangleright						\triangleright									
(17.) SF	PECIAL E	EXPENSE AUTHORIZATION - SIGNATURE a	nd TITLE	(See Item	17 on reverse	*)							DATE		

TRAVEL EXPENSE CLAIM

ARB/ASD 2	62A (REV. 7	7/2008)									Page ´	1 of 1	Pages				
CLAIMANT'S NAME							SSN OR EMPLOYEE NUMBER DEF						DEPARTMENT				
Cindy Tuck							On file			Cal/EPA							
				CB/ID NUM	BER		N OR BUR				INDEX NUMBER						
Undersecretary							f the Secre										
RESIDENCE ADDRESS								ADDRESS . Box 2815		TELEPHON.	TELEPHONE NUMBER						
CITY STATE ZIP CODE						CITY	,			STATE	1	ZIP CODE					
						Sacrame	ento				CA		95814				
(1) MONTH/YEAR (3) Jan-10 LOCATION			(4)	(5) MEALS		1	(6)	(7)			PORTATION		(8)	(9)			
	1-10	LOCATION WHERE EXPENSES	r on one			O.T,L/T,	INCIDEN	(A)	(B)	(C) CARFARE,		(D) IVATE	BUSINESS EXPENSE	тоты			
2)		WERE INCURRED	LODGING	BREAK-		OR	INCIDEN- TALS	COST OF	TYPE	TOLLS,		R USE		TOTAL EXPENSES			
DATE	TIME	1		FAST	LUNCH	DINNER	TALS	TRANS.	USED	PARKING	MILES	AMT	EXIENSE	FOR DAY			
									-					TONDIT			
1/23	615	Sacramento - Brussels									16.0	8.00		8.00			
1/24						71.00						0.00		71.00			
1/25						71.00	35.00					0.00		106.00			
1/26					45.00	71.00	35.00					0.00		151.00			
1/27												0.00		0.00			
1/28	2330	Brussels - Sacramento					35.00	56.00	Т	49.50	16.0	8.00		148.50			
												0.00		0.00			
												0.00		0.00			
												0.00		0.00			
(10) SUBTOTALS			0.00	0.00	45.00	213.00	105.00	56.00	0.00	49.50	32.0	16.00		484.50			
CLAIM TOTAL			ı	I.			l					\$	l .	484.50			
		TRIP, REMARKS AND DETAILS	(Attach roo	ointo/vouch	oro whon	roquirod\						*		101.50			
Gave presen	tation regardi	ing climate change at the EU-US Strategic	Partnership C	onference at t	he invitation	n of the Euro	opean Comn	nission.									
12) NORMA	AL WORK HO	OURS - 8-5					AGEN	ICY ACCO	UNTING O	DEFICE U	SE ONLY						
(13) PRIVATE VEHICLE LICENSE NO.			AGENCY ACCOUNTING OFFICE USE ONLY														
(14) MILEAGE RATE CLAIMED																	
\$ 0.500																	
- 0.500	ACI	ENCY ACCOUNTING															
		OFFICE USE ONLY															
PAID BY REVOLVING FUND CHECK NUMBER																	
15)	and if mileag	ERTIFY That the above is a true statement e rates exceed the minimum rate. I certify ts 0750, 0751, 0752, 0753 and 0754 pertain	hat the cost of	operating the	vehicle was												
CLAIMANT'S	SIGNATURE	-		DATE		(16) SIGNA	ATURE OF O	FFICER APPRO	OVING TRAV	EL AND PAY	MENT		DATE				
\supset						ightharpoons											
17) SPECT	I. EXPENSE	AUTHORIZATION - SIGNATURE and TI	TLE (See Itam	17 on reverse	1								DATE				
ii) SEECLE	L LAFENSE	ACTIONIZATION - SIGNATURE and II	rer (see nem	i / on reverse									DATE				